



STUDY CLUB ANNUAL REPORT

December 20\_\_\_\_

RETURN THIS FORM AND AN UPDATED MEMBERSHIP LIST TO CDHNS BY DECEMBER 31

Name of Study Club: \_\_\_\_\_

Chair of Study Club: \_\_\_\_\_

Phone/Email of Chair: \_\_\_\_\_

Executive Committee: \_\_\_\_\_

\_\_\_\_\_

Were your meetings held virtually this year?  Yes  No

If yes, please provide information on the protocols and policies that were implemented to ensure that the Study Club Verification requirements under 7.2.2 (4) were met. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Presentation 1:** Date: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Topic and Description: \_\_\_\_\_

\_\_\_\_\_

Course Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speaker Name and Qualifications: \_\_\_\_\_

\_\_\_\_\_

**Presentation 2:** Date: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Topic and Description: \_\_\_\_\_

\_\_\_\_\_

Course Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speaker Name and Qualifications: \_\_\_\_\_

\_\_\_\_\_

If you did not have any presentations/meetings, what were the reasons? \_\_\_\_\_

\_\_\_\_\_

What goals or plans does your study club have for the upcoming year? \_\_\_\_\_

\_\_\_\_\_

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*Please use the balance of this page, and additional pages, if needed.*

**OTHER PRESENTATIONS FOR THE YEAR YOU ARE REPORTING ON, IF APPLICABLE**

**Presentation 3 (if applicable):** Date: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Topic and Description: \_\_\_\_\_

Course Objectives: \_\_\_\_\_

Speaker Name and Qualifications: \_\_\_\_\_

**Presentation 4 (if applicable):** Date: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Topic and Description: \_\_\_\_\_

Course Objectives: \_\_\_\_\_

Speaker Name and Qualifications: \_\_\_\_\_